

23. Orthodontia services

Procedures

To request orthodontia treatment

- Gather information and complete an initial review of the identified need.
- Review potential funding resources within the following parameters:
 1. Limited treatment is available through Medicaid funds and must be secured prior to any other funding.
 2. All available funding resources must be identified and secured prior to initiating orthodontia treatment.
- Prepare a written request for System of Care funds that addresses all relevant minimum criteria and identifies the needs of the child as described in the case plan. The request for funds is written on the local office request form and submitted with the following information:
 1. Documentation of a complete evaluation of orthodontia needs from the dental care provider.
 2. A letter outlining the treatment plan from the proposed orthodontic provider that includes the presenting medical condition or medical condition developed as a result of dental conditions; treatment plan correcting the presenting issues; timeline for treatment; and the expected treatment outcome. This information must be kept in the medical section of the child's file and a copy submitted with the expenditure request.
- Identify and confirm other financial resources who have agreed to assist in the treatment plan (e.g., a relative or philanthropic or community service agency willing to provide financial assistance) and documentation that such resources will be expended prior to payment of flexible funds.
- Present the funding request and supporting documentation to the supervisor for approval and then to the SOC Review Committee.
- All requests for orthodontic treatment are reviewed with the criteria listed below.

Medicaid funds will cover only orthodontia services for Medicaid-eligible children with a dual diagnosis of cleft lip and cleft palate. When the child has the dual diagnosis, the provider must request prior authorization for payment to either DMAP in the case of an "open" card or through the Managed Dental Plan if the child is enrolled.

Requests for flexible funds will be considered for orthodontic services needed as part of treatment for a medical condition or because a medical condition developed as a result of dental conditions. The following conditions, with the proper documentation, are a first priority for orthodontic treatment:

- Cleft palate
- Impacted canines
- Impinging overbite
- Overjet greater than 9 mm

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- Syndromes affecting the bone
- Syndromes of abnormal craniofacial contour
- Malocclusion resulting from traumatic injury
- The guidelines outlined in the Flexible Fund Policy (I-E.5.4) apply to the evaluation of need for orthodontia treatment. Flexible fund expenditures are authorized by management staff and must meet both the criteria detailed below and identified in spending parameters for all flexible funds and the additional criteria for use of System of Care flexible funds.
- A child must be receiving child welfare services and must be in the physical or legal custody of the department, or open for services through a CPS assessment, or receiving voluntary services through a notarized Voluntary Placement Agreement (CF 499) or Voluntary Placement Agreement signed by the parent or legal guardian.
- The request must be consistent with the case plan to meet the child's needs for safety, permanency, attachment and well-being.
- There must be documentation that other appropriate resources have been exhausted and there are no other internal, philanthropic or community resources available to meet the need.
- No funds will be allocated nor considered as an exception for funding outside the funding criteria which involve the payment for any sanctions, assessments or costs imposed by a court resulting from the conviction of a crime, infraction or a violation.
- No funds may be intentionally allocated nor considered in order to shift costs to pay indirectly for disallowed expenditures of funds.
- No funds may be allocated to circumvent other policy or administrative rule, such as making payments to non-IV-E relative caregivers to pay the difference between the no-needy relative payment and foster care payment.
- Payments may not supplant or replace other appropriate funding streams such as medical services eligible for payment under the Oregon Health Plan.
- All expenditures must comply with all DAS and department expenditure, contracting and purchasing rules, policies and procedures.
- Expenditures must address the needs of the child as identified in child's case plan.

Obtain approval and payment for orthodontia treatment

- All orthodontic treatment must be authorized as outlined prior to the start of treatment.
 1. The local child welfare program manager and local SOC committee review the request and supporting information from dental providers to ensure the request meets the criteria to consider SOC funds. If SOC funds are available and the committee approved the expenditure of funds, then SOC funds may be used.

Approval Process		
Responsibility	Step	Action
Caseworker	(1)	Review client need against flexible fund policy criteria.
	(2)	Explore other resources to meet the need and document those explored.
	(3)	Prepare an expenditure request form and forward per locally established review process.
Supervisor	(4)	Approve or deny request. Ensure that sufficient funds are available to meet the request.
District manager or designee	(5)	Approve or deny exceptions. Monitor spending to ensure budget parameters are met.
Local payment worker	(6)	Follow appropriate agency expenditure/payment procedures Policy III-D.5.1, Acquisition of Goods and Services, and any applicable DAS rules.

Understand limitations on orthodontia expenditures

- The following limitations to orthodontia expenditures apply:
 1. The department will consider incurring partial costs of orthodontic treatment only when such treatment is consistent with a child's permanency plan and agreed upon by the child's substitute caregivers.
 2. The department will pay a maximum of \$3,800 for total treatment. A one-time payment will be made in full for all treatment including the appliances, retainers, follow-up visits, removal of the appliances and all follow-up care.
 3. Continued orthodontic treatment for children who were receiving orthodontic treatment prior to being in the legal or physical custody of the department will not be considered for flexible funds and no other resources are available. The parents or legal guardians will be expected to continue to cover the costs of treatment.
 4. Children who leave the department's custody prior to completion of orthodontic treatment still will be obligated to complete treatment for paid services.
 5. Cosmetic orthodontics and orthodontics for self-esteem purposes only will not be covered through flexible funds.



Forms and references

Forms

- CF 449
<http://dhsforms.hr.state.or.us/Forms/Served/CE0449.pdf>
<http://dhsforms.hr.state.or.us/Forms/Served/CS0449.pdf> (Spanish)

Legal references

Federal law

- Title XIX of the Social Security Act

OAR/ORS

- I-E.5.4. Flexible Fund Policy
http://www.dhs.state.or.us/policy/childwelfare/manual_1/i-e54.htm